

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7983 13801	2. Fiscal Year Covered From: <table border="1"><tr><td>1</td><td>/</td><td>1</td><td>/</td><td>2004</td></tr></table> Through: <table border="1"><tr><td>12</td><td>/</td><td>31</td><td>/</td><td>2004</td></tr></table>	1	/	1	/	2004	12	/	31	/	2004					
1	/	1	/	2004												
12	/	31	/	2004												
3. Name and address of person filing. Name <table border="1"><tr><td>Doug</td><td>W</td><td>Kessler</td></tr></table> P.O. Box, Bldg., Room No., if any <table border="1"><tr><td>PO Box 301</td></tr></table> Street <table border="1"><tr><td>2201 H st</td></tr></table> City <table border="1"><tr><td>Bakersfield</td></tr></table> State <table border="1"><tr><td>California</td></tr></table> ZIP Code + 4 <table border="1"><tr><td>93302</td></tr></table>	Doug	W	Kessler	PO Box 301	2201 H st	Bakersfield	California	93302	4. Name, file number, and address of labor organization. Name <table border="1"><tr><td>LABORERS LOCAL 220 AFL-CIO</td></tr></table> Labor Organization File Number <table border="1"><tr><td>001-760</td></tr></table> P.O. Box, Building and Room Number, if any <table border="1"><tr><td>PO Box 301</td></tr></table> Street <table border="1"><tr><td>2201 H st</td></tr></table> City <table border="1"><tr><td>Bakersfield</td></tr></table> State <table border="1"><tr><td>California</td></tr></table> ZIP Code + 4 <table border="1"><tr><td>93302</td></tr></table>	LABORERS LOCAL 220 AFL-CIO	001-760	PO Box 301	2201 H st	Bakersfield	California	93302
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5. Position in labor organization. <table border="1"><tr><td>Union Rep</td></tr></table>		Union Rep														
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.										
6. Name and address of Employer (including trade name, if any). Name <table border="1"><tr><td>No one to report</td></tr></table> Trade Name, if any: <table border="1"><tr><td></td></tr></table> P.O. Box, Bldg., Room No., if any <table border="1"><tr><td></td></tr></table> Street <table border="1"><tr><td></td></tr></table> City <table border="1"><tr><td></td></tr></table> State <table border="1"><tr><td></td></tr></table> ZIP Code + 4 <table border="1"><tr><td></td></tr></table>	No one to report							7.a. Nature of Interest, Transaction, or Income. <table border="1"><tr><td>No one to report</td></tr></table> 7.b. Amount. <table border="1"><tr><td></td></tr></table>	No one to report	
No one to report										
No one to report										

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Douglas Kessler

On

8/12/05
Date

661 322 3460
Telephone Number

Name of Person Filing Doug Kessler

File Number U- 001-760

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name No one to report

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with: No one to report

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name No one to report

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Nothing to report

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Nothing to report

12.b. Amount. Nothing to report

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.